

<div>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</div> <div>Substitute for Form PTO-1360 (For use with Form PTO/SB/06)</div>							Application Number 10501684		Filing Date				
							Applicant(s) Edward Marshall						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		3		1			59						
10		3		1			60						
11		( 1 )		1			61						
12		( 1 )		1			62						
13		( 1 )		1			63						
14		1		1			64						
15		( 1 )		1			65						
16		( 1 )		1			66						
17		( 1 )		1			67						
18		( 1 )		1			68						
19		( 1 )		1			69						
20		( 1 )		1			70						
21		( 1 )		1			71						
22		1		1			72						
23	1		1				73						
24		1		1			74						
25		2		1			75						
26		1		1			76						
27		1		1			77						
28		2	---	---			78						
29		1		1			79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33		( 1 )		1			83						
34		1		1			84						
35		1		1			85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2		2		0								
Total Depend	39	↙	32	↙	0	↙							
Total Claims	41		34		0								